

**THE EARTH TEAM
Group Application Form**

A. NAME OF SPONSOR OR ORGANIZATION (please print) B. Address (Street, City, State, Zip Code)

C. E-Mail Address of Group Leader:

Privacy Act Statement

The following information is provided to comply with the Privacy Act (PL 93-579). U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

D. 1. Description of work to be performed:

D. 2. The above-described work will be contributed to the Natural Resources Conservation Service. Except as provided below, the work performed by the participants will not confer on them or on our employees or officers the status of federal employees.

D. 3. We will provide the Natural Resources Conservation Service with a listing of participants and hours or days contributed to accomplish the work in Item D. above.

D. 4. We will obtain parental or guardian consent for each individual under 18 years of age and will comply with child labor laws.

D. 5. _____ is hereby designated to serve as our liaison with the Natural Resources Conservation Service in day-to-day operations under this agreement.

D. 6. We understand that either the Natural Resources Conservation Service, or we may cancel this agreement at any time by notifying the other party.

D. 7. Signature:

D. 8. Date:

ACCEPTANCE FOR THE NATURAL RESOURCES CONSERVATION SERVICE

The Natural Resources Conservation Service agrees, while this agreement is in effect, to:

- 1. Provide such materials, equipment, and facilities as are available and needed in performing the work described above.**
- 2. Finance necessary incidental expenses of sponsored participants to the extent such expenses cannot be borne by the sponsor, to the extent natural Resources Conservation Service funds are available. The maximum Natural Resources Conservation Service funding of such incidental expenses shall be set forth in an accompanying financial plan for each fiscal year or portion of a fiscal year.**
- 3. Consider sponsored participants as Federal employees for the purpose of tort claims and compensation for work injuries, to the extent not covered by the sponsor. Authorization by PL 97-98.**
- 4. Authorize sponsored participants to operate Federal motor vehicles when necessary, provided the individual holds a valid state driver's license.**

OMB Disclosure Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0024. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

E. SIGNATURE: _____ E. 2. UNIT: _____

E. 1. TITLE: _____ E. 3. DATE: _____

TERMINATION OF AGREEMENT

F. 1. DATE TERMINATED: _____ E. 2. SIGNATURE OF NATURAL RESOURCES CONSERVATION OFFICER: _____

We desire to make available the volunteer services of the following person(s) to assist Natural Resources Conservation Service Work:

1. a. Name and Address: 1. b. Date of Birth: _____

2. a. Name and Address: 2. b. Date of Birth: _____

1. c. Telephone Number:

2. c. Telephone Number:

1. d. Social Security Number:

2. d. Social Security Number:

1. e. E-Mail Address:

2. e. E-Mail Address:

3. a. Name and Address: 1. b. Date of Birth: _____

4. a. Name and Address: 2. b. Date of Birth: _____

3. c. Telephone Number:

4. c. Telephone Number:

3. d. Social Security Number:

4. d. Social Security Number:

3. e. E-Mail Address:

4. e. E-Mail Address:

5. a. Name and Address: 1. b. Date of Birth: _____

6. a. Name and Address: 2. b. Date of Birth: _____

5. c. Telephone Number:

6. c. Telephone Number:

5. d. Social Security Number:

6. d. Social Security Number:

5. e. E-Mail Address:

6. e. E-Mail Address:

7. a. Name and Address: 1. b. Date of Birth: _____

8. a. Name and Address: 2. b. Date of Birth: _____

7. c. Telephone Number:

8. c. Telephone Number:

7. d. Social Security Number:

8. d. Social Security Number:

7. e. E-Mail Address:

8. e. E-Mail Address:

F. Remarks: